

Agenda Item	<b>8</b>
Report No	<b>HCW/17/25</b>

# The Highland Council

**Committee:** **Health, Social Care and Wellbeing**

**Date:** **20 August 2025**

**Report Title:** **Registered Services Annual Report**

**Report By:** **Assistant Chief Executive - People**

## **1. Purpose/Executive Summary**

1.1 This report seeks to update Members of inspections in 2024/2025 of services registered with the Care Inspectorate in Children's Social Work Services. Registered services are specifically: residential children's houses, fostering, adoption and continuing care service provision (defined as adult services) by the Care Inspectorate.

## **2. Recommendations**

2.1 Members are asked to:

- i. Note the contents of the report;
- ii. Scrutinise and Note, improvements across services, including those areas where improvement needs to accelerate to enable sustained progress across all areas of service delivery.
- iii. Continue to Agree an annual Registered Services report comes back to Committee covering future inspections outcomes.

## **3. Implications**

3.1 **Resource** - There are no Resource implications arising from this report.

3.2 **Legal** - The provision of Registered Services is underpinned by significant statutory legislative and regulatory frameworks ensuring that 'Looked After' children have sufficiency of care options that meet their needs, and that they are supported through the statutory Children Looked After Planning and Reviewing processes. The local authority and partner agencies have broad ranging corporate parenting duties and responsibilities for care experienced children and young people, including those detailed within Part 9 of the Children and Young People (Scotland) Act 2014.

3.3 **Risk** - The service must ensure there is sufficiency of residential care and family-based care options to safeguard and protect children and young people. The provision of care must be of the highest quality, continuously improving, adequately staffed, and resourced. There remain significant challenges in recruiting foster carers

and residential staff in Highland, which reflects broader national challenges in recruitment and retention of Health and Social Care across Scotland. This is despite a recent national fostering campaign which has had limited if any impact of foster care recruitment in Highland. An additional risk is the difficulties through young people age 18+, who are ready and wanting to move to an adult placement, but there being no available placement/support through Adult Services. This creates pressure on the limited placements available for children waiting on a residential placement or short break within Highland. THC's policy on Continuing Care, as welcome as it is, where young people are encouraged to and want to remain or return to their foster or residential placement beyond their 18<sup>th</sup> birthday can also put additional pressure on placement availability.

3.4 **Health and Safety** (risks arising from changes to plant, equipment, process, or people) – none

3.5 **Gaelic** - There are no Gaelic implications arising from this report.

#### **4. Impacts**

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is a monitoring and update report and therefore an impact assessment is not required.

#### **5. Strategic Context**

5.1 The service has a strong Family 1<sup>st</sup> vision - to safely maintain children within their families in their Highland communities. This vision is aligned to the ambitions of the Promise. Care is one of the foundations of the Promise, which states:

*If children are removed from their families, the focus of their care must be on building childhoods that are underpinned by loving relationships, fun, play, education, and opportunity. The bedrock of how Scotland cares must be consistent, loving relationships to support children... (p60 the Promise).*

5.2 All children's registered care services in Highland are working towards the transformational change of the care system, articulated in the Promise. Registered services are part of a broader service wide improvement journey to promote the best possible outcomes for Highland's children and young people.

## 6. Fostering, Adoption and Continuing Care Services – Family Based Care (FBC)

6.1 Members will recall that Family Based Care Services were inspected from July to September 2022. The findings of the inspection evidenced the need for considerable improvement, as noted in Table 1. A post inspection improvement plan was developed, covering all the requirements and recommendations from the inspection.

### 6.2 Table 1 - 2022 FBC Inspection Grades

<b>Fostering, Adoption and Adult Placement Services</b>	<b>2022 Grade</b>	<b>2025 Grade</b>
How well do we support people's wellbeing?	2 – Weak	3- Adequate
How good is our leadership?	2 – Weak	5 – Very Good
How good is our staff team?	4 – Good	5 – Very Good
How well is our care and support planned?	2 - Weak	5 – Very Good

### 6.3 2025 Family Based Care (FBC) Inspection

The 2025 FBC inspection took place between 8 April 2025 and 8 May 2025. Inspection reports were published in June 2025 (**please see appendices 1 to 3 for reports**). FBC services are inspected as 3 distinct registered services – Fostering, Adoption and Continuing Care. In their verbal feedback inspectors were very clear that each of the services have achieved significant progress reflecting the ongoing improvement work taking place. Inspectors commented positively on the services leadership as well as the passion and commitment of staff working with Care Experienced Children and Young People (CECYP). They observed improved quality assurance practices within each of the services and commented that CECYP receive trauma informed care, with an appropriate focus on rights and participation. The inspectors also described the therapeutic life story work that takes place as 'sector leading' recognising how this promotes positive outcomes for CECYP.

### 6.4 Inspection Framework

The inspection framework is framed around six key questions and under each key question there are several quality indicators. Crucially, when more than one quality indicator is inspected - per key question - the overall evaluation for the key question will be the **lower** of the quality indicators for that specific question. Evaluation for each key question uses a six-point scale from Unsatisfactory (1) to Excellent (6). Given the scale of improvement in FBC, it is important to detail not just the overall evaluation, but to be able to demonstrate a detailed breakdown of each quality indicator to robustly compare inspection progress from 2024-2025.

## 6.5 Table 2 - 2025 Inspection Grades across all quality indicators and overall evaluation

How well is our care and support planned?	4 Good	4 Good	2 Weak	5 Very Good	5 Very Good	5 Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people, and adults.	4 Good	4 Good	2 Weak	<b>5 Very Good</b>	<b>5 Very Good</b>	<b>5 Very Good</b>

6.6 Table 2 provides evidence there has been **improvement across all** quality indicators of FBC services or where indicators were already very good, they were maintained at that level. We have shifted from Adequate to Good with Adoption and from Weak to Good within Continuing Care. However, further improvement is required within fostering which has remained as Adequate. Inspectors reported that they observed evidence that the service had made a number of improvements including children and young people were experiencing individualised a safer approach to safe caring, ensuring children's needs were met within care giver families. Fostering has shifted from Adequate to Very Good in one key area and retained a grade of Adequate for one key quality indicator. Improvement is required in respect of fostering and the legal requirement to ensure that placement limit numbers meet regulations. This is impacted significantly by the local shortage of foster carers creating extreme demand and placing significant pressures within the fostering service. On the one hand, there are fewer foster carers than in previous years whilst on the other hand, greater efforts than ever are being made to keep sibling groups together and to keep children closer to their family, friends and school. It should be noted there are significant **positive shifts in 5 out of 7 quality indicators** in total.

**Table of No of foster carers from 2019 - 2025**

19/20	20/21	21/22	22/23	23/24	24/25
107	107	103	106	105	90

6.7 A revised FBC Inspection Improvement Plan for 2025/2026 has been developed, will be tracked, and monitored to ensure that the service builds on its continuous improvement activity, supporting high quality of care for children, young people, and young adults in continuing care across Highland.

## 7. Residential Care 2024 - 2025

7.1 For the purposes of this report, in 2024/2025, two children's houses were inspected.

7.2 **Ashton House** - Ashton House received an unannounced inspection between the 13 – 14 May 2025. The previous inspection in May 2022 resulted in a grade of Excellent. The current inspection report graded Ashton House as Very Good. An Excellent grade can only be attained where the service is recognised to be innovative and sector leading. It can be challenging to maintain this grade as it requires continual innovation and not just continuation of the same high level of quality of care. It was also recognised that young people were encouraged to be part of decisions and plans affecting them and that important relationships were promoted.

The strengths noted in the report are reflective of the foundations of the Promise – voice, family, care, support, and scaffolding. Whilst the grade may have shifted from Excellent to Very Good, the actual quality of care received by children and the quality of leadership continues to offer significant reassurance. This is evident in the fact that **no** requirements or recommendations were made as a result of this inspection. The key messages are that the children were kept safe by a committed staff team and that the staff were reflective and displayed professional curiosity which contributed to children receiving a high standard of care.

7.3 **The Orchard** - The Orchard received an unannounced inspection between the 5 – 8 May 2025. The previous inspection in 2024 resulted in a grade of Adequate with the grade of Adequate remaining when inspected in May 2025. Despite the grade remaining as Adequate, the inspection highlighted that improvement action introduced following the previous inspection have resulted in examples of improved practice, including the work ethos of the management team and the dedication of the wider staff group in supporting children and young people. Inspectors noted, once again that whilst the physical environment had improved, there remained areas for improvement, and that the provider must produce a suitable plan of repair and refurbishment to ensure the premises have an appropriate standard of living environment to meet the needs of children and young people. Discussions are underway with colleagues in Assets and Infrastructure re the short, medium and longer terms plans for the improvement works required to the physical infrastructure to meet the current and future needs of the service as in order to meet Scotland's and THC commitment to meeting The Promise, THC must ensure that children and young people experience a homely environment and have premises that are adapted, equipped and furnished to meet their needs and wishes.

7.4 **Table 3 – 2023/2024 Inspection Grades across all quality indicators and overall evaluation**

Quality Indicator	House	Grading	Grading
<b>How well do we support children &amp; Young People's rights and wellbeing</b>	Ashton House	2022	2025
7.1 – Young people are safe, feel loved and get the most out of life			<b>5 Very Good</b>
<b>Overall Evaluation 2023</b>	Orchard	September 2024	<b>2025</b>
7.1 – Young people are safe, feel loved and get the most out of life		3 Adequate	<b>3 Adequate</b>
7.2 – Leaders and staff have capacity and resources to champion young people's needs and rights		NA	<b>3 Adequate</b>
<b>Overall Evaluation</b>		3 Adequate	<b>3 Adequate</b>

7.5 Each children's house manager with the staff team will develop a post inspection improvement plan, supported, and scrutinised by the External Service Manager, Residential Care, and the Strategic Lead, Corporate Parenting, who reports to the Head of Service.

## 8. Voice and Lived Experience

8.1 Efforts continue to be made to ensure the voices and lived experience of our children and young people in our care are a key part of our improvement journey. In the previous report, we shared feedback from young people who contributed to our 'Language bin'. This piece of co-design work contributed to a larger area of development around language to help us move away from stigmatising language. Highland produced a Language Guide which shares what children, young people, families and the workforce told us about the words and phrases they found challenging or hurtful and highlights some key messages about the importance of language.

8.2 To further improve our work around language in our registered services, we also undertook tests of change in the practice of daily case notes in two of our children's care homes. (see **Appendix 4** Language Test of Change). Empathy maps supported teams to reflect the needs and voice of children who were non-verbal. Residential homes across Highland have demonstrated great enthusiasm and appetite to the learning from this work and a recent development session (held on 25 June 2025) brought together staff from all residential homes to support progressing the recommendations made.

The Highland Council's work on Language in relation to The Promise has been supported through Each & Every Child, a national organisation which aims to build understanding and shift public attitudes towards people with lived experience of care. Further information on Highland's work can be found via the Each & Every Child Podcast [here](#).

8.3 In addition to the above, and as shared with Members previously, the Child's Rights & Participation Service was developed to support us achieve our Family 1<sup>st</sup> vision by:

- Delivering on its commitments to 'Keep The Promise' which includes evidencing it actively listens to children about decisions that affect their lives
- Deliver on its Integrated Children's Service Plan
- Uphold the United Nations Convention of the Rights of the Child (UNCRC)
- Respond to the 2022 Care Inspectorate findings and evidence improvement
- A consistent approach to capturing the views of children and young people

This small team of three officers, managed by the Programme Manager (the Promise) have been in post since June 2024 and have been supporting work on **participation** and **voice**. Whilst this doesn't solely focus on children supported by registered services, the work is far reaching and therefore intends to positively impact on children within our registered services:

- Supporting implementation of the Better Meetings Practitioners Guides: *developed by care experienced children based on their lived experience on how meetings and Children's Hearings feel for them and how those supporting them could improve their experience of meetings.*
- Supporting the implementation of Highland's Children & Young People's Participation Strategy
- Hosting Highland's Care Day – a celebration of care experience across 3 locations within Highland

Facilitating the inclusion of children and young people's voice within service re-design, including improvement work on the Child's Plan, Reimaging Justice and Kinship Care.

Designation: Assistant Chief Executive - People

Date: 15 July 2025

Author: Jack Libby, Head of Children & Justice Social Work

Background Papers: N/A

Appendices: Appendix 1 – Fostering Inspection Report  
Appendix 2 – Adoption Inspection Report  
Appendix 3 – Adult Placement (Continuing Care)  
Appendix 4 – Language Test of Change



# Highland Council Fostering Service

## Fostering Service

Room 4  
Council Offices  
Glenurquhart Road  
Inverness  
IV3 5NX

Telephone: 01463 702 741

Type of inspection:  
Announced (short notice)

Completed on:  
8 May 2025

Service provided by:  
Highland Council

Service provider number:  
SP2003001693

Service no:  
CS2004082042

## About the service

Highland Council Fostering Service provides a fostering and family placement service for children and young people from birth to 18 years and their families, who are assessed as in need of this. The agency recruits and supports carer families throughout the Highland area to provide a range of fostering placements including permanent, long-term, interim and short break.

Inspections of an adult placement (continuing care service) and adoption service have been undertaken and separate reports have been completed.

## About the inspection

This was a short notice inspection which took place between 8 April 2025 and 8 May 2025. The inspection was carried out two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Three young people using the service.
- Five caregivers and eight at the observed support group.
- Thirteen staff and management.
- Four external professionals.
- Panel chair and the Agency Decision Maker.

We also reviewed survey responses from:

- Thirty-two caregivers.
- Thirteen staff.
- Eight external professionals.

## Key messages

- Children and young people experienced enduring loving relationships within caregiver families.
- Staff were knowledgeable and responsive to the support needs of caregivers.
- Caregiver families had access to a range of appropriate training opportunities including adult protection.
- Children and young people were supported to engage in their care planning.
- Permanency planning remains a high priority in the service improvement plan.
- Improvements are required in relation to timely recruitment and assessment of caregivers.
- Caregivers should receive annual reviews in line with best practice.
- The service must review carer approval numbers, the assessment and placing of three or more children and young people on an emergency basis and out with approvals in line with legislation.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Children and young people benefitted from meaningful, affectionate and secure relationships with their caregiver families. They were experiencing improved outcomes as a result of the care and support they received.

Caregiver families felt very well supported by the service and enduring relationships were evident. One carer survey told us 'I have always felt very well supported by my social worker and the wider team around them'.

Children & young people's rights were prioritised and promoted. Independent advocacy was sought where appropriate to support children and young people. Caregivers were strong advocates for the young people living with them.

Children and young people experienced highly personalised care and support from caregiver families who understood their needs. Caregivers demonstrated a knowledge of the impact of trauma on children and young people and were attuned to their needs.

We received mixed feedback about children being supported through short breaks. Some children experienced inconsistencies in caregivers. Positive examples were evident where caregivers used their family networks for support to provide an extended family experience. The service is aware of the need to continue to focus on the best interests of children and the need to maintain consistency and limit changes where possible.

Caregiver families worked well with important people in children's lives. We saw examples of caregivers working collaboratively with birth parents and a promotion of sibling relationships. Tracking of sibling relationships took place centrally to ensure that family links were maintained.

Children and young people were achieving positive outcomes in education and employment, had access to a range of leisure and social activities and enjoyed holidays with their caregiver families. Children and young people were being supported to have fulfilling lives with high aspirations for success and this positive culture contributed to positive outcomes.

Caregiver families had access to a range of training to support them in their role, including safeguarding and child protection which formed part of mandatory requirements. Caregivers we met with had a strong understanding of the impact of developmental trauma and were thoughtful and reflective in their responses to children and young people.

Some children and young people were not always being kept safe. Whilst protection processes were generally being followed, we identified a few situations which could have been better managed and improved recording would support clearer assessments and the protection of children and young people.

Children and young people's safety and welfare was not enhanced through the consistent use of individualised risk assessments. This meant that caregivers were not provided with individualised risk management plans which would assist them to identify and manage risk at home and in the community. The care to young people would be enhanced by having individual plans which are dynamic tools to help enable caregiver families to provide high standards of care and support. We discussed this during the inspection and are confident that the service is aware of this issue and have plans to progress this.

Young people experienced positive health outcomes because of the care they received. Caregivers were supporting young people to be well-informed about how to lead a healthy lifestyle and positive mental health was a priority. Health needs were comprehensively assessed, and there was a positive role of the Child and Adolescent Mental Health team to promote loving nurturing relationships. Consultations assisted caregivers to consider the impact of trauma and broken attachments and difficult early lives.

Children and young people's ability to develop a positive identity and sense of self was promoted. Staff and caregivers recognised the importance of ensuring children could understand their own unique life story and

complex family dynamics. The children's services wide approach to undertaking therapeutic life story work was sector leading. A worker trained in therapeutic life story work was a valuable addition to the team and we were of the view that many aspects of this life story work evidenced elements of excellent practice.

Child plans identified involvement and input from a range of professionals and specialists, supporting the child, their family and the caregivers. This would contribute to holistic and comprehensive assessments to promote positive outcomes for children and young people.

Caregiver families were comprehensively assessed to ensure that they have the capacity to meet the needs of children and young people. Assessment for annual and panel review and permanence approval were generally of a good quality. The areas for improvement relating to caregiver recruitment and assessment and the annual review and panel attendance have been repeated. (AFI 1 & 2)

Some caregiver approvals and young people placed did not meet legislative requirements. Caregivers should not be approved for more than three young people, unless for an exceptional circumstance, and no more than three unrelated young people should be living together unless for an exceptional circumstance and, the service should review their processes for out with approval agreements and subsequent review at panel. (Requirement 1)

Matching processes had improved the quality of assessment when children and young people joined caregiver families. The service continues to monitor outcomes for children in caregiver families with the aim of increasing stability of care arrangements.

The service had strengthened their work regarding permanence plans in order to identify and address the significant drift and delay for some young people. Embedded tracking systems and regular meetings are supporting this work. The area for improvement made at the last inspection was met, however, we encouraged the service to remain focused on this area of work.

## Requirements

1. By 30 September 2025, the provider must ensure that all caregivers are correctly approved, and assessments of the exceptional placing of over three unrelated young people are robustly assessed. To do this the provider must, at a minimum, ensure:

- all caregiver approvals do not exceed regulations which provides that foster carers should not care for more than three children at one time.
- the assessment and placing of over three young people in a household is only in exceptional circumstances (not exceeding 28 days).
- best practice should be followed for out with approval agreements and subsequent review at panel.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4:1).

## Areas for improvement

1. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of care givers and that guidance regarding assessment timescales are adhered to.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

2. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families.
- Ensure that all applicants and caregivers attend panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## How good is our leadership?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Continuous and robust evaluation of people's experiences were in place, to ensure they receive the best possible care and support. Data collection, analysis and solution focussed discussions with colleagues across children's services identified themes and patterns which influenced service improvement plans. Plans were based on research and best practice and subject to regular reviews and updates. They were specific, measurable, achievable, realistic and time bound (SMART).

The Management team's approach to improvement planning was inclusive and empowering. The voices of people who use the service were sought. Staff development days provided opportunities to share data and discuss the relevance in relation to improvement planning. Input from external agencies encouraged open and honest discussion around high standards of care, promoting professional development and consistency in practice. Despite changes within leadership teams over the last year, staff were optimistic and confident with the management teams' vision and improvement plans.

We identified some issues surrounding attention to detail in record keeping and management oversight. The management team acknowledged the importance of accurate and robust recording in relation to complaints management, and ensuring notifications provided were categorised correctly.

Panel members were skilled and experienced. They raised questions in a sensitive manner and challenged appropriately. Panel members were proactive in seeking out training opportunities and had completed self-evaluations. Undertaking annual appraisals of panel members was an area for improvement in the previous inspection. This was not met and will be repeated in this key question (AFI 1).

## Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and that annual appraisals are undertaken.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

### How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff practice, observed through sampled cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff were empowered through strong leadership to be equipped to deliver best quality practical and emotional care and support. A strong culture of reflection and learning was facilitated through team meetings and the development of working groups. We asked the service to strengthen this through the provision of more reflective individual supervision.

The service is considering how best the views of caregivers and young people could also shape staff supervision and appraisal.

### How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Children and young people were able to express their views in relation to care planning. Meetings were conducted in a child friendly manner and children and young people were being supported to express their views. Access to independent advocacy further supported the ability of children and young people to participate in care planning.

Staff worked collaboratively with children and families' social workers to support care planning. They attended meetings, undertook joint visits and understood their role in supporting positive outcomes.

Participation and the views of children and young people for reviews of caregiver families could be

strengthened as we saw no examples of children and young people expressing their views in relation to caregiver reviews. The service already has this included on their service development plan.

Children and young people experienced an individualised approach to safer caring which ensured their needs were met in caregiver families. Individualised safer caring plans were completed and regularly reviewed. Individual risk assessments were not consistently undertaken by the service. The care to children and young people would be enhanced by having individual plans which are dynamic tools to help enable caregiver families to provide high standards of care and support.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 31 May 2024, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 15 March 2024.

#### Action taken on previous requirement

The service evidenced improved awareness of the Care Inspectorate guidance and there has been a notable improvement in the submission of notifications. This requirement has been met, however, we ask that the service continue to review the guidance and oversight of notifications as we identified some incidents which had not been notified and others which had been incorrectly notified.

Met - within timescales

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 15 March 2024.

#### Action taken since then

The service have provided evidence that the majority of care giver families have completed Adult Protection training.

This area for improvement has been met.

#### Previous area for improvement 2

To support long term stability for children and young people the service should ensure that analysis of permanence practice informs continuous improvement and service development. This should include but is not limited to:

- Identifying patterns and trends in relation to permanence practice.
- Taking this learning to inform ongoing development of practice.
- Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with organisations having robust and transparent quality assurance processes" (HSCS, 4.19).

This area for improvement was made on 15 March 2024.

#### Action taken since then

We found that the service have continued to analyse permanence practice and that at both a service level and strategic level this is supporting the understanding of drift and delay. This area for improvement has been met, however, we ask that the service continue to work to address the key themes impacting on drift and delay.

#### Previous area for improvement 3

To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of care givers and that guidance regarding

# Inspection report

assessment timescales are adhered to.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This area for improvement was made on 15 March 2024.

## Action taken since then

During this inspection we found that there continue to be delays in the recruitment and assessment of care givers. We heard that the service are working hard to develop a recruitment campaign and have considered actions required to target delays in assessment. We look forward to reviewing the impact of these at the next inspection.

This area for improvement has not been met and will be repeated.

## Previous area for improvement 4

For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families.
- Ensure that all applicants and caregivers attend panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This area for improvement was made on 15 March 2024.

## Action taken since then

We saw evidence of the service making efforts to address the out of date caregiver reviews and panels and we saw an increased attendance of caregivers at panel. There are still, however, a number of caregivers with out of date reviews and the service is not yet annually reviewing caregivers in line with best practice.

This area of improvement has not been met and will be repeated.

## Previous area for improvement 5

The service should ensure that panel members are provided with regular opportunities for support and that annual appraisals are undertaken.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 15 March 2024.

## Action taken since then

Whilst we heard that there is a plan for future appraisals of panel members, these have not yet taken place and therefore this area for improvement has not been met and will be repeated.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

### Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

**هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب**

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.



## Highland Council Adoption Service Adoption Service

Fostering and Adoption Service, Room 4  
Council Offices  
Glenurquhart Road  
Inverness  
IV3 5NX

Telephone: 01463 702 741

Type of inspection:  
Announced (short notice)

Completed on:  
8 May 2025

Service provided by:  
Highland Council

Service provider number:  
SP2003001693

Service no:  
CS2004082039

## About the service

Highland Council Adoption Service provides a service for children and young people, aged from birth to 18 years of age, and their families.

The service recruits, assesses and supports adoptive parents throughout the Highland area to provide families for those children for whom it has been assessed cannot live with their birth parents or extended families. Potential adopters are assessed for a dual foster care role. This enables children to live with potential adopters at an early stage in permanency planning and limits the number of times children join new caregiver households.

The team also provides ongoing post adoption support to children, young people and their caregiver families.

Inspections of the fostering and adult placement (continuing care service) were also undertaken, and separate reports completed. Reports should be read together as potential adopters initially provide a fostering service, and it is the same staff and management team across all three services.

## About the inspection

This was a short notice inspection which took place between 8 April and 8 May 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with or observed:

- Two young people using the service.
- 23 caregivers.
- 14 staff, including managers.
- Seven external professionals
- The panel chair and the agency decision maker.
- Two fostering and permanency panels.

We also reviewed survey responses from

- 33 caregivers
- 13 staff
- 8 external professionals.

## Key messages

- Children experienced loving and nurturing relationships with caregiver families.
- Staff were knowledgeable and responsive to the support needs of caregivers.
- Matching and transition planning was thoughtfully planned, implemented and recorded.
- Caregivers were provided with consultations and therapeutic support from mental health specialists.
- Timely permanency planning remains a high priority in the service improvement plan.
- Improvements are required in relation to timely recruitment and assessment of caregivers.
- Caregivers should receive annual reviews in line with best practice.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths have a significant positive impact on people's experiences and outcomes. Improvements are required to maximise wellbeing and ensure people consistently have experiences and outcomes which are as positive as possible.

Children experienced improved outcomes because of the care they were provided with. They enjoyed affectionate and nurturing relationships with their caregivers. Caregivers were empathetic, compassionate and understanding about the life experiences of children and their birth families. We were confident that children were experiencing love and fun with their needs fully met by committed dual approved fostering and adoptive caregivers.

Children experienced highly personalised care by caregivers who understood their individual needs. Caregiver families worked well with important people in children's lives. We saw examples of caregivers working collaboratively with birth parents and a promotion of sibling relationships. Tracking of sibling relationships took place centrally to ensure that family links were maintained.

Children's ability to develop a positive identity and sense of self was promoted. Staff and caregivers recognised the importance of ensuring children could understand their own unique life story and complex family dynamics. The children's services wide approach to undertaking therapeutic life story work was sector leading. A worker trained in therapeutic life story work was a valuable addition to the team and we were of the view that many aspects of this life story work evidenced elements of excellent practice.

We received mixed feedback about children being supported through short breaks. Some children experienced inconsistencies in caregivers. Positive examples were evident where caregivers used their family networks for support to provide an extended family experience. The service is aware of the need to continue to focus on the best interests of children and the need to maintain consistency and limit changes where possible.

Child plans evidenced a multi-agency approach. This contributed to holistic and comprehensive assessments which promoted positive outcomes. Children were thriving and reaching age-related developmental milestones. Adoptive families supported children to have fulfilling lives with high aspirations for success.

Children had access to a wide range of educational toys and attended local nurseries and community activities. Caregivers supported children to be well-informed about healthy lifestyles. Positive mental health was a priority, and we saw that children's lives were enhanced by being around and caring for animals.

Caregiver families were comprehensively assessed to ensure that they have the capacity to meet the needs of children. Assessment for annual and panel review and permanence approval were generally of a good quality. The areas for improvement relating to caregiver recruitment and assessment, annual reviews and panel attendance have been repeated (see area for improvements 1 and 2).

Caregivers were provided with safeguarding and child protection training and supported to understand links between early childhood trauma and presenting behaviours. They had access to consultations and specific therapeutic interventions from the Child and Adolescent Mental Health Service (CAMHS) team. This enabled caregivers to provide responsive support at times of difficulty, ensuring children felt understood and valued.

Comprehensive and robust matching processes improved the quality of assessment when children and young people joined caregiver families. The service monitors outcomes for children in caregiver families with the aim of increasing stability of care arrangements.

The service had strengthened their work regarding permanence plans to identify and address the significant drift and delay for some young people. Embedded tracking systems and regular meetings support this work. The area for improvement made at the last inspection was met, however, we encouraged the service to remain focused on this area of work.

## Areas for improvement

1. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of caregivers and that guidance regarding assessment timescales are adhered to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration.

To do this the provider should, at a minimum, ensure:

- a) Undertake annual reviews of all caregiver families
- b) Ensure that all applicants and caregivers attend Panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our leadership?

## 5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people, with very few areas for improvement.

Continuous and robust evaluation of people's experiences were in place, to ensure they receive the best possible care and support. Data collection, analysis and solution focused discussions with colleagues across children's services identified themes and patterns which influenced service improvement plans. Plans were based on research and best practice and subject to regular reviews and updates. They were specific, measurable, achievable, realistic and time bound (SMART).

The management team's approach to improvement planning was inclusive and empowering. The voices of people who use the service were sought. Staff development days provided opportunities to share data and discuss the relevance in relation to improvement planning. Input from external agencies encouraged open and honest discussion around high standards of care, promoting professional development and consistency in practice. Despite changes within leadership teams over the last year, staff were optimistic and confident with the management teams' vision and improvement plans.

We identified some issues surrounding attention to detail in record keeping and management oversight. The management team acknowledged the importance of accurate and robust recording in relation to complaints management, and ensuring notifications provided were categorised correctly.

Panel members were skilled and experienced. They raised questions in a sensitive manner and challenged appropriately. Panel members were proactive in seeking out training opportunities and had completed self-

evaluations. Undertaking annual appraisals of panel members was an area for improvement in the previous inspection. This was not met and will be repeated in this key question (see area for improvement 1).

## Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and annual appraisals are undertaken.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## How good is our staff team?

5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people, with very few areas for improvement.

Staff practice, observed through sampled cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff were empowered through strong leadership to be equipped to deliver best quality practical and emotional care and support. A strong culture of reflection and learning was facilitated through team meetings and the development of working groups. We asked the service to strengthen this through the provision of more reflective individual supervision.

The service is considering how best the views of caregivers and young people could also shape staff supervision and appraisal.

## How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people, with very few areas for improvement. Children were leading positive, healthy, enjoyable and meaningful lives through the implementation of good quality planning.

Care Plan meetings were multi-disciplinary in approach with regular reviews taking place. Child plans identified involvement and input from a range of professionals supporting the child and their caregiver family. Comprehensive assessments provided to planning meetings promoted positive outcomes for children.

Caregivers were supported by a collaborative approach with specialist health services and the offer of therapeutic consultations. Caregivers were assisted to understand children's presenting behaviour within a trauma informed lens. These provided children and caregivers with a solid foundation to build their relationship and improve outcomes for adoptive families.

Post adoption support needs were identified in matching reports. When the adoption order is granted, caregivers are provided with a post adoption support plan. The service intends to include post adoption support needs at child planning meetings, to ensure proactive planning in post adoption support. Later life letters were comprehensive and sensitively written. They included a chronology and insight to complex family dynamics and will assist a child to understand their early life experiences.

The service provided a wide range of post adoption support to children and families. They promoted adoption forums and facilitated adoption learning circles. Peer support and reflective learning within a safe and confidential space was valued by caregivers. Providing increased knowledge and confidence in a positive parenting approach will improve outcomes for children as they grow and reach age and stage developmental milestones.

Plans are in place to develop letter box contact processes. This will include ensuring birth and adoptive families understand the value of these to adopted children and receive support to meaningfully engage in the process.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support long term stability for children and young people the service should ensure that analysis of permanence practice informs continuous improvement and service development.

This should include but is not limited to:

- a) Identifying patterns and trends in relation to permanence practice .
- b) Taking this learning to inform ongoing development of practice .
- c) Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with organisations having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 11 April 2024.

# Inspection report

## Action taken since then

Review tracking of permanence plans for children and review these quarterly.

Identify patterns and trends. Workshops to share findings of the patterns and trends to inform and improve practice.

This area for improvement has been met.

## Previous area for improvement 2

To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of caregivers and that guidance regarding assessment timescales are adhered to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 11 April 2024.

## Action taken since then

Preparation courses are planned well in advance.

Review and monitor assessment timescales.

Record reasons for assessments going on hold.

Support staff with protected time to complete assessments.

This area for improvement has not been met and has been restated. Please refer to area for improvement 1 in 'How well do we support people's wellbeing?'

## Previous area for improvement 3

For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration.

To do this the provider should, at a minimum ensure:

a) Undertake annual reviews of all caregiver families .

b) Ensure that all applicants and caregivers attend Panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 11 April 2024.

## Action taken since then

Review the current procedure for carer reviews taking place.

Ensure those overdue reviews take place.

Ensure all care givers are invited and expected to attend panel when their reviews are discussed.

This area for improvement has not been met and has been restated. Please refer to area for improvement 2 in 'How well do we support people's wellbeing?'

#### Previous area for improvement 4

The service should ensure that panel members are provided with regular opportunities for support and annual appraisals are undertaken.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 11 April 2024.

#### Action taken since then

Review the current self-evaluation form and create a new appraisal form. Discuss with the current independent chairs and agree a plan for annual appraisals.

This area for improvement has not been met and has been restated. Please refer to area for improvement 1 in 'How good is our leadership?'

#### Previous area for improvement 5

The service should ensure post adoption support plans are in place for all young people including but not limited to:

- a) Ensuring all adoptive families are aware of their right to ongoing support.
- b) Ensuring that all adoptive families have a post adoption support plan that anticipates potential future need.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 11 April 2024.

#### Action taken since then

Ensure all adoptive families have post adoption meetings and they are minute with an action plan and support plan that anticipates future need.

Ensure all adoptive families are aware of their right to ongoing support.

This area for improvement has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

### Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلؤں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

**هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب**

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.



# Highland Council Adult Placement Continuing Care Adult Placement Service

Room 4  
Council Offices  
Glenurquhart Road  
Inverness  
IV3 5NX

Telephone: 01463 702 741

Type of inspection:  
Announced (short notice)

Completed on:  
8 May 2025

Service provided by:  
Highland Council

Service provider number:  
SP2003001693

Service no:  
CS2020380728

## About the service

Highland Council Adult Placement Service is linked to the Highland Council Fostering service and supports young people remaining with their caregiver families past the age of 18 years old in continuing care.

Inspections of the Fostering and Adoption services have been undertaken and separate reports have been completed.

## About the inspection

This was a short notice inspection which took place between 8 April 2025 and 8 May 2025. The inspection was carried out two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Two young people using the service.
- Two caregivers and four at the observed support group.
- Thirteen staff and management.
- Four external professionals.
- Panel chair and the Agency Decision Maker.

We also reviewed survey responses from:

- Thirty-two caregivers.
- Thirteen staff.
- Eight external professionals.

## Key messages

- Children and young people experienced enduring loving relationships within caregiver families.
- Staff were knowledgeable and responsive to the support needs of caregivers.
- Caregiver families had access to a range of appropriate training opportunities including adult protection.
- Children and young people were supported to engage in their care planning.
- Improvements are required in relation to timely recruitment and assessment of caregivers.
- Caregivers should receive annual reviews in line with best practice.
- The service must review carer approval numbers, the assessment and placing of three or more children and young people on an emergency basis and out with approvals in line with legislation.
- The service should continue to review and implement continuing care policies and procedures.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people.

Young people experienced high quality, nurturing relationships which endured into young adulthood and beyond. This meant young people continued to be part of caring families and their networks, benefitting from the stability and support this provided.

Caregiver families felt very well supported by the service and enduring relationships were evident.

Young people's rights were prioritised and promoted. Independent advocacy was sought where appropriate to support young people. Caregivers were strong advocates for the young people living with them.

Young people experienced highly personalised care and support from caregiver families who understood their needs. Caregivers demonstrated a knowledge of the impact of trauma on young people and were attuned to their needs.

Caregiver families worked well with important people in young people's lives. We saw examples of caregivers working collaboratively with birth parents and a promotion of sibling relationships. Tracking of sibling relationships took place centrally to ensure that family links were maintained.

Young people were achieving positive outcomes in education and employment, had access to a range of leisure and social activities and enjoyed holidays with their caregiver families. Young people were being supported to have fulfilling lives with high aspirations for success and this positive culture contributed to positive outcomes.

Caregiver families had access to a range of training to support them in their role, including safeguarding and adult protection which formed part of mandatory requirements. Most caregivers had undertaken adult protection training, however, we noted that only half the staff had completed this. Caregivers we met with had a strong understanding of the impact of developmental trauma and were thoughtful and reflective in their responses to young people.

Some young people were not always being kept safe. Whilst protection processes were generally being followed, we identified a few situations which could have been better managed and improved recording would support clearer assessments and the protection of young people.

Young people's safety and welfare was not enhanced through the consistent use of individualised risk assessments. This meant that caregivers were not provided with individualised risk management plans which would assist them to identify and manage risk at home and in the community. The care to young people would be enhanced by having individual plans which are dynamic tools to help enable caregiver families to provide high standards of care and support. We discussed this during the inspection and are confident that the service is aware of this issue and have plans to progress this.

Young people experienced positive health outcomes because of the care they received. Caregivers were supporting young people to be well-informed about how to lead a healthy lifestyle and positive mental health was a priority. Health needs were comprehensively assessed, and there was a positive role of the Child and Adolescent Mental Health team to promote loving nurturing relationships. Consultations assisted caregivers to consider the impact of trauma and broken attachments and difficult early lives.

Children and young people's ability to develop a positive identity and sense of self was promoted. Staff and caregivers recognised the importance of ensuring young people could understand their own unique life story and complex family dynamics. The children's services wide approach to undertaking therapeutic life story work was sector leading. A worker trained in therapeutic life story work was a valuable addition to the team and we were of the view that many aspects of this life story work evidenced elements of excellent practice.

Child plans identified involvement and input from a range of professionals and specialists, supporting the young person, their family and the caregivers. This would contribute to holistic and comprehensive

assessments to promote positive outcomes for young people.

Caregiver families are comprehensively assessed to ensure that they have the capacity to meet the needs of young people. Assessment for annual and panel review and permanence approval were generally of a good quality. The areas for improvement relating to caregiver recruitment and assessment and the annual review and panel attendance have been repeated. (AFI 1 & 2)

Young people were supported to remain within their caregiver families past the age of 18. However, a number of caregivers are not yet approved as adult placement providers and therefore there were several young people being cared for in households who were not assessed and approved to do so. Continuing care policies and procedures are currently being reviewed we look forward to reviewing these at the next inspection. (AFI 3)

### Areas for improvement

1. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of care givers and that guidance regarding assessment timescales are adhered to.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

2. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families.
- Ensure that all applicants and caregivers attend panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

3. The service should ensure that all young people over the age of 18 years are being cared for by caregivers who are assessed and approved to do so. To do this the provider must as a minimum:

- Ensure that the processes regarding continuing care are clear and concise.
- Assess and approve carers looking after this age group as adult placement carers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1:14) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4:1).

How good is our leadership?

5 - Very Good

# Inspection report

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Continuous and robust evaluation of people's experiences were in place, to ensure they receive the best possible care and support. Data collection, analysis and solution focussed discussions with colleagues across children's services identified themes and patterns which influenced service improvement plans. Plans were based on research and best practice and subject to regular reviews and updates. They were specific, measurable, achievable, realistic and time bound (SMART).

The management team's approach to improvement planning was inclusive and empowering. The voices of people who use the service were sought. Staff development days provided opportunities to share data and discuss the relevance in relation to improvement planning. Input from external agencies encouraged open and honest discussion around high standards of care, promoting professional development and consistency in practice. Despite changes within leadership teams over the last year, staff were optimistic and confident with the management teams' vision and improvement plans.

We identified some issues surrounding attention to detail in record keeping and management oversight. The management team acknowledged the importance of accurate and robust recording in relation to complaints management, and ensuring notifications provided were categorised correctly.

Panel members were skilled and experienced. They raised questions in a sensitive manner and challenged appropriately. Panel members were proactive in seeking out training opportunities and had completed self-evaluations. Undertaking annual appraisals of panel members was an area for improvement in the previous inspection.

This was not met and will be repeated in this key question (AFI 1)

## Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and that annual appraisals are undertaken.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

## How good is our staff team?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff practice, observed through sampled cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff were empowered through strong leadership to be equipped to deliver best quality practical and emotional care and support. A strong culture of reflection and learning was facilitated through team meetings and the development of working groups. We asked the service to strengthen this through the provision of more reflective individual supervision.

The service is considering how best the views of caregivers and young people could also shape staff supervision and appraisal.

### How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Young people were able to express their views in relation to care planning. Meetings were conducted in an age appropriate, friendly manner and young people were being supported to express their views. Access to independent advocacy further supported the ability of young people to participate in care planning.

Welfare assessments were in place for all young people who needed them.

Staff worked collaboratively with children and families' social workers to support care planning. They attended meetings, undertook joint visits and understood their role in supporting positive outcomes.

Participation and the views of young people for reviews of caregiver families could be strengthened as we saw no examples of young people expressing their views in relation to caregiver reviews. The service already has this included on their service development plan.

Young people experienced an individualised approach to safer caring which ensured their needs were met in caregiver families. Individualised safer caring plans were completed and regularly reviewed. Individual risk assessments were not consistently undertaken by the service. The care to young people would be enhanced by having individual plans which are dynamic tools to help enable caregiver families to provide high standards of care and support.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 31 May 2024, the provider must take steps to support young people to remain with their foster carers post 18 years. To do this the provider must, at a minimum, ensure:

- They decide how best to assess, train and approve foster carers as adult placement carers and;
- How best to assess young people to ensure that continuing care is in their best interests.
- Any action is in line with regulations on continuing care.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This requirement was made on 15 March 2024.

#### Action taken on previous requirement

The service now have in place a Continuing Care policy which outlines how caregivers will be assessed, trained and approved as adult placement carers. This policy is currently under review to include the assessment of young people ensuring service wide action is taken to support young people to remain with their foster carers post 18yrs.

This requirement has been met.

#### Met - outwith timescales

#### Requirement 2

By 31 May 2024, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 15 March 2024.

#### Action taken on previous requirement

The service have evidenced improved awareness of the Care Inspectorate guidance and there has been a notable improvement in the submission of notifications.

This requirement has been met, however, we ask that the service continue to review the guidance and oversight of notifications as we identified some incidents which had not been notified and others which had been incorrectly notified.

#### Met - within timescales

#### Requirement 3

3. By 31 May 2024, the provider must take steps to support enable young people to experience stable and consistent care beyond the age of 18. To do this the provider must, at a minimum, ensure:

- How best to assess young people to ensure that continuing care is in their best interests.
- That a continuing care welfare assessment is undertaken timeously for all young people using the service. Any action is in line with regulations on continuing care.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This requirement was made on 15 March 2024.

#### Action taken on previous requirement

The service have evidenced sufficient progress in supporting young people to experience stable and consistent care beyond the age of 18yrs. Progress is continuing with the review of the current policy to include the assessment of young people ensuring service wide action is taken to support young people to remain with their foster carers post 18yrs.

This requirement has been met.

#### Met - outwith timescales

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 15 March 2024.

#### Action taken since then

The service have provided evidence that the majority of care giver families have completed Adult Protection training.

This area for improvement has been met.

#### Previous area for improvement 2

For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear assessment of recommendations for caregiver registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families.
- Ensure that all applicants and caregivers attend panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This area for improvement was made on 15 March 2024.

#### Action taken since then

We saw evidence of the service making efforts to address the out of date care giver reviews and panels and we saw an increased attendance of care givers at panel. There are still, however, a number of carers with out of date reviews and the service is not yet annually reviewing carer givers in line with best practice.

This area of improvement has not been met and will be repeated.

### Previous area for improvement 3

The service should ensure that panel members are provided with regular opportunities for support and that annual appraisals are undertaken.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This area for improvement was made on 15 March 2024.

### Action taken since then

Whilst we heard that there is a plan for future appraisals of panel members, these have not yet taken place and therefore this area for improvement has not been met and will be repeated.

### Previous area for improvement 4

To ensure children and young people have opportunities and benefit from participation in decision that affect them, the provider must evidence of support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and 'my human rights are central to the organisations that support and care for me.' (HSCS 4.1).

This area for improvement was made on 15 March 2024.

### Action taken since then

We saw some good examples of young people in continuing care being supported to express their views, attend their meetings and understand how their needs will be met.

This area for improvement has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

### Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nithear iarrtas.

انگلیش ساپنگے، اسے پرکاشناتی آنے فرماٹ اور انگلیش بولی پاہیا یا۔

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جا سکتی ہے۔

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

**هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب**

本出版品有其他格式和其他語言備索。

Na życzeniu niniejsza publikacja dostępna jest także w innych formatach oraz językach.

## SHIFTING THE LANGUAGE OF CARE

*A test of change: writing 'to the child' in daily notes in two children care homes*

### Situation

The Promise highlights the need for organisations with responsibility towards care experienced children and young people to demonstrate that they are embedding destigmatising language and practices across the way they work.

Words used by the workforce to describe children's lives, like 'unit', 'placement' and 'LAC' are not the same as those used by their non care-experienced peers. The Promise calls for Scotland to change the language of care so that language is easily understood, positive and must not create or compound stigma.

Furthermore, there is both national and local commitment to uphold the principles of Trauma Informed approaches. Improving how case files are recorded so to prevent re-traumatisation to those reading case files is therefore a key part of the improvement journey in shifting the language of care.

### Background

Care inspections across Highland recognised areas for improvement in the practice of daily case notes in children's care homes. For example, whilst good practice was evidenced in one home, there were areas of improvement required in how daily notes adequately captured how well loved and cared for the children were.

As noted in the work of Each & Every Child, a national organisation which aims to build understanding and shift publics attitudes towards people with lived experience of care and the 'care experience':

*For children, young people and adults to thrive in our complex world, the records that we write about them, and their lived experiences need to reflect their interests, concerns and hopes. Written records also need to reflect the care and love we feel towards them and our commitment to supporting them through their diverse life trajectories.*

The Programme Manager (The Promise) supported the tests of change with the teams, through attending several team meetings, initiating training sessions with Each & Every Child and gathering feedback with social workers who were lead professionals of children living in the care homes. The Programme Manager was supported by a Quality Improvement coach, who supported the final feedback session where care homes Killen and No. 54 came together to reflect and share

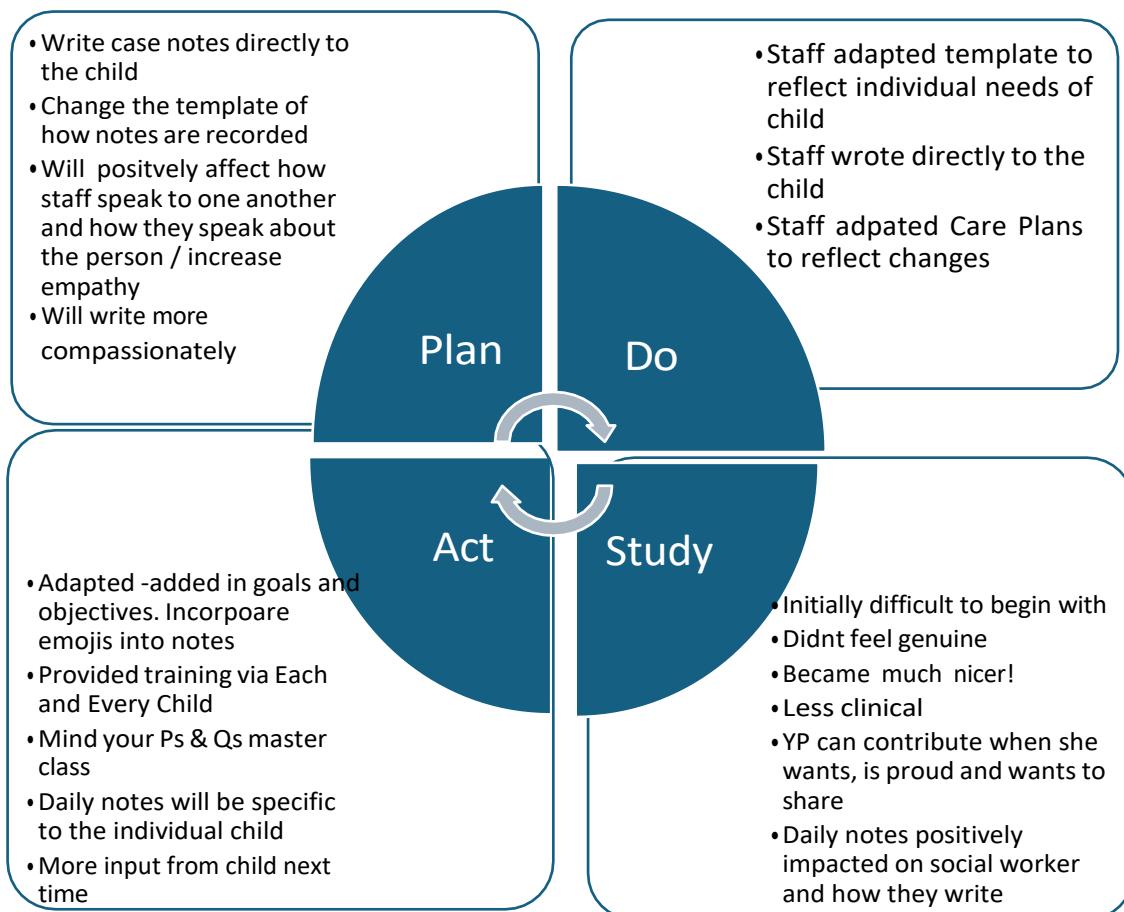
learning. The ideas for changes and the 'doing' of these tests were undertaken by the teams themselves.

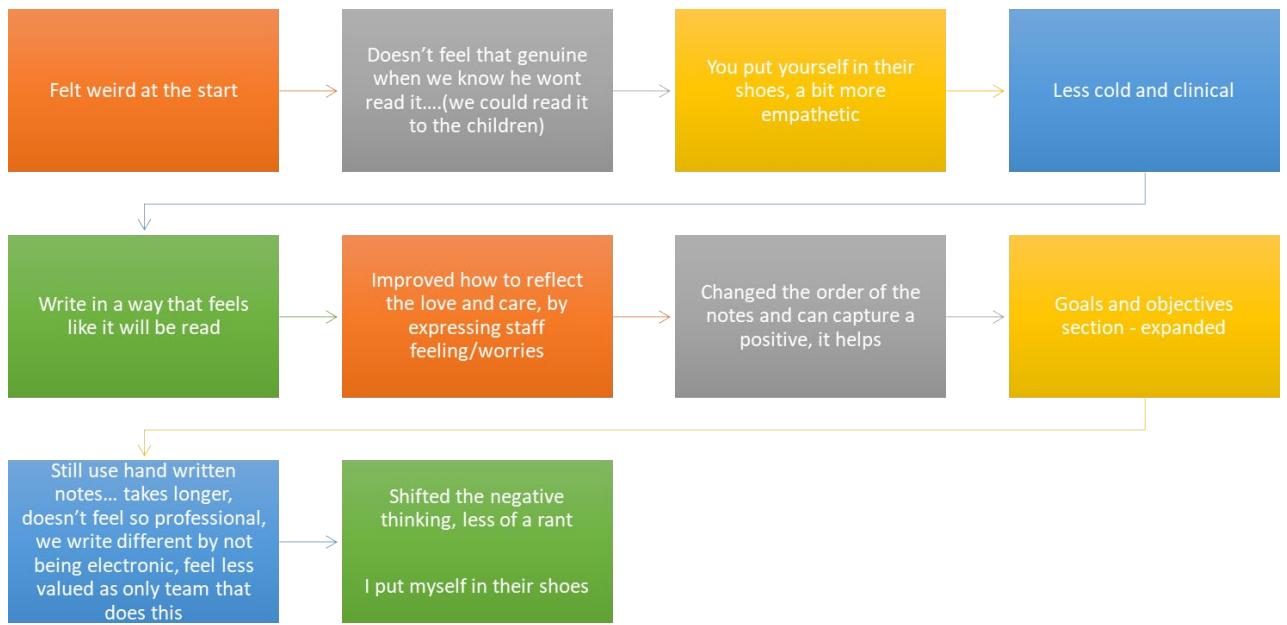
## Assessment

Using a Quality Improvement methodology approach, a 'Plan Do Study Act (PDSA) cycle was used to test a change and assess its impact.

Whilst the journeys undertaken by each care home was different and will be reflected below, the overall lessons learnt and knowledge gained will be collectively presented.

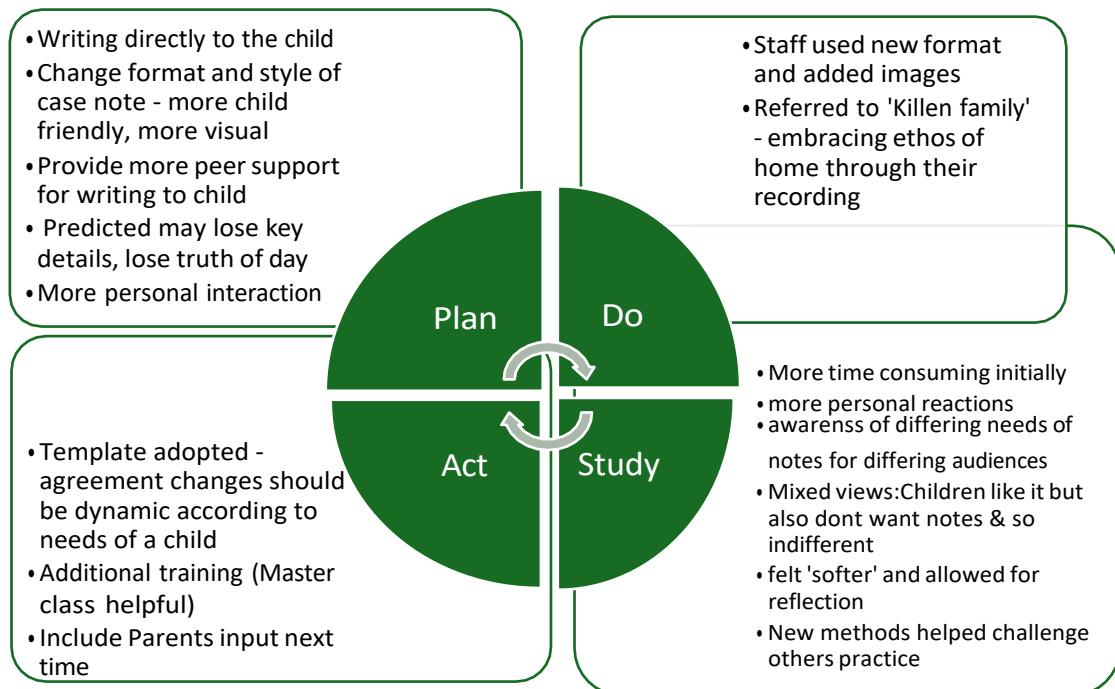
### The Orchard 54 – PDSA Cycle





*Feedback from staff team at The Orchard (No 54)*

Killen PDSA cycle



Didn't have the context	Felt listened to	TI language, not enough time to offer ideas	More Training, linked to National Transformation Trauma Programme
Killen Tree (more visual template, softer, no boxes –more Trauma centred, more relatable, reference to national guidance), less guidance, write to the person, like you were talking to them,	Includes goals and this is based on the child,	Easier than we thought, encourages you to reflect (be curious), staff doing more reflection, which then encourages others,	Read to child, really liked it, engaged in
There's light and shade, you do get more than just the positive,	Struggled to condense it	the notes are doing lots of different jobs, for different audiences (e.g. summaries for social workers)	

### Feedback from staff at Killen



‘Staff at Killen and at Orchard do a very good job in extremely challenging circumstances



Positive about the changes ! The word love is important



Writing in the first person feels more dynamic and accessible to any young person returning to read their notes in later life



It can be difficult to write about difficult or complex situations in this way ..... Details may be lost in an effort to be positive or neutral



How to recording the workers feelings when difficult things happen (e.g a young person runs away) – more discussion on how to capture when there's self-harm or harm caused to a staff member by a young person



Working to empower young people to challenge negative bias in language is good work. Resources and training still necessary for positive outcomes

### Feedback from partners to the Children’s care plan

The diagrams and visuals above attempt to capture the PDSA cycle. Overall staff reflected a wide, rich range of findings through these tests of change. They reported learning how to record how nurturing they are as a team, in both their language and their actions. Staff reflected that the process of writing differently, alongside additional support from training and peer mentoring resulted in several positive outcomes e.g. -

- a deeper understanding of why a young person may act in they way they do due to greater reflection and care taken to write notes with greater

consideration of the impact these notes may have on the children they care for

- Greater confidence in writing notes
- Supported peer learning and allowed team members to learn from each other

Further unintended, yet positive consequences of these changes were noted:

- One team reported staff change overs were now quicker, with the daily notes more adequately capturing details necessary for a hand over
- There was more time spent with the children and less time in the office, so allowed staff to feel more present with the children they were caring for

## Recommendations

- **One standardised process is not helpful.** The case notes should reflect the different needs of the child being written about, be tailored to their needs and their personalities.
- **Staff should be supported** to develop individualised case note templates, **co-designed by the children** it is about and capturing the voice of parents/care givers where possible and appropriate to do so. The use of visuals (e.g. emoji's) can reduce the amount of reading and allows for a greater reflection of the child/young person's interests within the notes
- Asking **staff to 'write to the child' in case notes is not sufficient.** Staff need **training and support to develop their practice.** Promotion on **The Promise** and its aspirations, completing **Highland's Language Guide**, and undertaking training with **Each & Every Child** all supported the staffs skills and confidence. Opportunities to attend further training (e.g. **Highland's Language Master Class**) consolidates staffs learning and supported the 'spread' of this work across wider teams.
- Consideration to additional Master Class sessions for those unable to attend is recommended. This training included inputs from national and other local organisations including Language Leaders, Write Rights About Me, and Each & Every Child.
- Where staff teams attempted to make similar changes without this scaffolding and training, there was a risk that some notes were shaming and blaming (albeit unintentional). *This was reflected in learning through Write Rights About Me.*
- When considering how best to reflect the needs of children who are non-verbal, the use of 'Empathy Mapping' (See Appendix 1) is recommended. This

allows staff to consider what a child might say, think, do or feel and ensure the case note allows for these areas to be recorded.

- An Empathy Map can also be used to consider the needs of carers and parents, to ensure parents/carers have the details about what they care most about in relation to the care of their child.

Appendix 1: Empathy Map

